Under the Poperson Reduction Act of 1825, no persons are required to respond to a collection of information unless II displays a votal Costs control number

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Effective December 8, 2004                 |  |                              |   |       |   |   |                 |   |                       |                             | 107  | Application or Doctical Number |                            |  |  |
|--|--|------------------------------|---|-------|---|---|-----------------|---|-----------------------|-----------------------------|------|--------------------------------|----------------------------|--|--|
| APPLICATION AS FILED - PART I (Column 1) (Column 2)  |  |                              |   |       |   |   |                 |   | SMALL (               | ENTITY                      | OR   | OTHER THAN<br>SMALL ENTITY     |                            |  |  |
| FOR  |  |                              | NUMBER FILED  |       | N   | NUMBER EXTRA  |                 |   | RATE (8)              | FEE (8)                     |      | RATE (8)                       | FEE (8)                    |  |  |
| BASIC FEE<br>(37 CFR 1 16(a), (b), or (c))   |  |                              |   | NA .  |   | N/A   |                 |   | N/A :                 | 150.00                      |      | . NA                           | 300.00                     |  |  |
| SEARCH FEE (3) CFR.1 18(1), (0, or (m))  |  |                              | N/A   |       |   | . NIA   |                 |   | N/A ·                 | 8250                        |      | N/A                            | <b>\$500</b>               |  |  |
| EXAMINATION FEE  |  |                              | NA  |       | · .                                       | NA  |                 |   | ·N/A                  | \$100 .                     |      | NA                             | 8200                       |  |  |
| TOTAL CLARAS<br>(37 CFR 1 16(1))   |  |                              | minus 20 =  |       |   | . Py : "  |                 |   | XS 25 .               |                             | OR   | X350 .                         | ; (em.)                    |  |  |
| INDEPENDENT CLAIMS (37 CFR 1 16(N))  |  |                              | minus 3 ·   |       |   | • 5   |                 |   | X100 _                |                             |      | X200 _                         | 400                        |  |  |
| API<br>FEI   | PLICATION SIZE   | . 8<br>8                     | If the specification and sheets of paper, the apple \$250 (\$125 for small additional 50 sheets or 35 U.S.C. 41(a)(1)(G) a  |       |   | plication size fee due<br>entity) for each<br>fraction thereof. See |                 |   |                       |                             |      |                                | /                          |  |  |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1))  |  |                              |   |       |   |   |                 |   | +180=                 |                             |      | <b>♦360</b> □                  |                            |  |  |
| ·. H   | *If the difference in column 1 is less than zero, enter "0" in column 2. |                              |   |       |   |   |                 |   |                       |                             |      | TOTAL                          | 13500                      |  |  |
| APPLICATION AS AMENDED - PART II  8 17 05 (Column 1) (Column 2) (Column 3) SMALL ENTITY OR OTHER THAN SMALL ENTITY |  |                              |   |       |   |   |                 |   |                       |                             |      |                                |                            |  |  |
| MENDMENT A   |  | REMA                         | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |       | HIGHEST<br>NUMBER<br>PRÉVIOUS<br>PAID FOR | LA bi   | RESENT<br>EXTRA |   | RATE (\$)             | ADDI-<br>TIONAL<br>FEE (\$) |      | RATE (\$)                      | ADOI-<br>TIONAL<br>FEE (8) |  |  |
|  | Total<br>cor cra Lies)   | 9                            |   | Minus | 20  | -   | _               |   | X\$ 25                |                             | OR · | X\$50 .                        |                            |  |  |
|  | Independent<br>407 CFR 1.160/p.  | 2                            | <b>3</b>  | Minus | <del>-</del> 3                            | -   | _               |   | X100 _                | •                           | OR   | )(200 <u> </u>                 |                            |  |  |
| \ME  | Application Size Fee (37 CFR 1.16(s))                                    |                              |   |       |   |   |                 |   |                       |                             |      |                                |                            |  |  |
| <u>`</u>   | FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.160)            |                              |   |       |   |   |                 |   | +180=                 | ••                          | OR   | +3 <del>6</del> 0=             |                            |  |  |
| · · · · ·  | •  |                              |   |       |   |   |                 |   | TOTAL :<br>ADD'L FEE. |                             | OR   | TOTAL<br>ADOL FEE              |                            |  |  |
| •  |  | (Colum                       | m-1)  | •     | (Column 2) (Column 3                      |   |                 | • | _                     | •                           |      |                                |                            |  |  |
| AMENDMENT B  |  | CLA<br>REMA<br>AFT<br>AMENIC | NING<br>ER  |       | HIGHEST<br>NUMBER<br>PREVIOUS<br>PAID FOR | LY .  | RESENT<br>EXTRA |   | RATE (5) :            | ADOI-<br>TIONAL<br>FEE (3)  |      | RATE (\$)                      | ADDI-<br>TIONAL<br>FEE (8) |  |  |
|  | Total<br>profit Liams  |                              |   | Minus | ••  | 3   |                 |   | X\$ 25 .              |                             | OR.  | X\$50 -                        |                            |  |  |
| 2  | Independent<br>(37 CFR 1.19().()   | •                            |   | Minus |   | •   |                 |   | X100 .                |                             | OR   | X200 .                         |                            |  |  |
| ME   | Application Size Fee (37 CFR 1.16(s))                                    |                              |   |       |   |   |                 |   |                       | :                           |      |                                |                            |  |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (S7 CFR 1.160)            |                              |   |       |   |   |                 |   | +180=                 |                             | OR   | +360 <del>=</del>              |                            |  |  |
| •  | •  | ;                            |   |       | •   | · · · · ·   | · · · ·         |   | TOTAL<br>ADD'L FEE    |                             | OŖ.  | TOTAL<br>ADD'L FEE             |                            |  |  |
|  | "If the "Highest !   | tumber Pr                    | of the entry in column 1 is less than the entry in column 2; write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"; |       |   |   |                 |   |                       |                             |      |                                |                            |  |  |

This obsection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any commission the amount of the you require to complete this form entries suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADERESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.